



Testimony of AARP Connecticut in **Support of:**
H.B. 6622 – An Act Concerning Prescription Drug Formularies and Lists of Covered Drugs
Insurance and Real Estate Committee, March 18, 2021

Senator Lesser, Representative Wood, Ranking Members, and Members of the Insurance and Real Estate Committee:

Thank you for the opportunity to submit comments in support of H.B. 6622, An Act Concerning Prescription Drug Formularies and Lists of Covered Drugs. We believe that this legislation will address a harmful business practice and help consumers access the medication they need to stay alive and healthy.

Prescription drug prices in the United States are among the highest in the world, and for older adults and others on fixed incomes, increasing costs and changes to their prescription drug coverage can lead to difficult decisions and fatal outcomes. According to a 2019 AARP survey, 80% of older voters take at least one prescription medication on a regular basis, and 72% say they are concerned about the cost of their medications.¹

On average, older Americans take 4.5 prescription drugs per month,² and they rely on their health insurance to help them access the medications they need to improve or maintain their health. When individuals buy health insurance, they choose plans that make the most sense for their budgets and, more importantly, for their health needs. With few exceptions, when consumers enroll in a health plan, they are locked in until the termination of the plan year, and they do not have the ability to make changes to the terms of that plan.

Unfortunately, the same rules do not apply to insurers. Under current Connecticut law, there is little to stop a health insurance provider from marketing a plan as providing expansive formulary coverage and then significantly changing the benefit package once an individual is enrolled in the plan. AARP believes that a health insurance provider should be held to the drug formulary it markets to consumers, absent limited circumstances such as the availability of a new FDA-approved prescription drug or when prescription drugs are withdrawn for safety reasons.³

Several states have enacted a variation of this policy in recent years, either through legislation or administrative action. States with current policies related to limiting nonmedical switching include: California, Illinois, Louisiana, Maryland, Nevada, New Mexico, and Texas. Indiana, Maine, and Rhode Island have policies related to informing consumers of impending formulary changes.⁴

Thank you to the Insurance Committee for your ongoing interest in helping consumers access the prescription drugs they need to stay alive and healthy. AARP Connecticut appreciates the Committee's attention to this issue and hopes you will take action in support of H.B. 6622.

¹ https://www.aarp.org/content/dam/aarp/research/surveys_statistics/health/2019/likely-voters-prescription-drug-survey-fact-sheet.doi.10.26419-2Fres.00295.001.pdf

² <https://www.aarp.org/content/dam/aarp/ppi/2018/09/trends-in-retail-prices-of-brand-name-prescription-drugs-year-end-update.pdf>

³ We would support shortening the 90 day notice requirement in Sec. 1(c)(1)(A) for drugs that the FDA has potentially unsafe.

⁴ <https://aimedalliance.org/nonmedical-switching-enacted-laws/>